XX	/	PHYSI-
	CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
0	N XT I	be stated be prope
BINDI	A PERMA	E should lat it may ons on ba
ED FOR	THIS IS A	piled. AC
MARGIN RESERVED FOR BINDING	WRITE PLA LY, ITH UNFADING INK-THIS IS A PERMAN AT I CORD	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
ARGIN	UNFADIN	ory impor
Σ	TTH I	CAUSE OF
	PLALY	f informald state
	WRITE	ry item o NS shoul
V. S. No. 1	(	N. B. Evel CIA stat

	PLACE OF DEATH	08195 STATE OF MARYLAND
	County O JUNEAR	CERTIFICATE OF DEATH
	1/ 0-10 +	Registration Dist. No.
1	Village or City State Sana (No Dum	St.: Ward) (If death occurred in a hospital or institu-
1	2FULL NAME JUNE J. O.	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I fast saw her alive on July 1983/
	7 AGE   If LESS than	and that death occurred on the date stated above, at & # m.
	yrs	Tha CAUSE OF DEATH * was as follows:
	8 OCCUPATION .	ulmonary Tubliculosis
0	(a) Trade, profession or particular kind of work a characteristics.	
6	(b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
	which employed or (employer)	Contributory welcoulous Laryngitis
	9 BIRTHPLACE (State or country)	Secondary  (Dufation) / Yes / mos de,
	10 NAME OF FATHER C	(Signed) Sewart & Shaffer M. D.
	LI BIDTHEI ACE	July 5 1983/ (Addross) State Sanalouni md
	OF FATHER (State or country) Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Plana B. Kelly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, full the little if not at place of death?
	(Informant) W.a. Gardner	Former or we was residence was less than the contract of the c
	(Address) State / analysim ma	Dagestoun, Md 1931
	15 Filed July 5 1903/ Col	20 UNDERTAKER ADDRESS
	Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
	M Minte Misniwe are Headen's aggress prace puellering	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH Jo pluods · Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) Ø Every PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the ford) (Year) 5a, If married, widowed, or divorced HUSBAND of HEREB CERTIFY. That I attended deceased from (or) WIFE of e H certificate (Month, day, and year) properly 7. AGE If LESS than to have occurred on the date stated above. 8. Trada, profession, or particular THIS kind of work done, as SPINNER jo SAWYER, BOOKKEEPER, etc ... back may 9, Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ... 220 10. Date deceased last worked at A 11. Total time (yaars) this occupation (month and spent in this that occupation O instructions Other Contributory 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of operation. (State or country) What test confirmed diagnosis? ... Was thera an autopsy? carefully MOTHER important. 23. If death was due to external causas (VIOL ENCE) fill in also tha following in Accident, suicide, or homicide? DEATH (State or country) Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address) OF Manner of injury WRITE CAUSE mation Nature of injury 19. UNDERTAKER (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting U. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

7	Example II	~
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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I	PLACE_OF DEATH	US197
	County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 199
	Village or City Hate Samplorum	Sa. Ward (If death occurred in
	2FULL NAME Charles P3	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended the deceased from
	Mug 13, 1887	June 27 1923/10 July 6, 1923/
	(Month) (Day) (Year)  7 AGE (IfLESS than	and that death occurred on the date stated above, at 1:454m,
	413 11 3 1 dayhrs.	The CAUSE OF DEATH * was as follows:
4	B OCCUPATION (a) Trade, profession or	Bulmonary Tuberculosis
,	particular kind of work  (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
	9 BIRTHPLACE (State or country) Germany	Contributory Secondary  Ayre mosq de.
600	10 NAME OF FATHER John Bailer	(Signed) Jowas & Mapper M. D.
	OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Barbara Brileway	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) W.a. Gardyll	usual residence
	(Address) State Sanat from May	Baltimore Med. unknown
	Filed July 16 1923   Registrar	M. L. Creager Thurmont
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers who receive a additional line is provided for the latter statement; i nature of the husiness or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ingcs, approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenna," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature

V. S. No. 1

Z

PLACE OF DEATH	08198 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
news P. 1. + 1-	Registration Dist. No. 37
Village or City Outerly town No.	St: Ward) (If death occurred I
2 FULL NAME Siberius Base	tion, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hule Single, Married Wildowed, OR DIVORCED (Wite the word)	16 DATE OF DEATH July - 37, 19231  (Vonth) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That hattended the deceased from
(Month) (Day) (Year	1920. to July 2/ , 1921
(Month) (Day) (Year)	and that death occurred on the date stated above, at an m
73 Q 2 1 day_hrs.	The CAUSE OF DEATH * was as follows:
occupation  (a) Trade, profession or	Gorlie Regargitation & My ocarditis
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) O yrs 10 mos 0 de
which employed or (employer)	Contributory Cerebral Embolism
(State or country) Md	Secondary (Darwin) we Instruction
10 NAME OF FATHER PASKED D Barken	(Signed) Otro B. Storge M. D.
11 BIRTHPLACE	July 27 19231 (Address) Rebuty Towns
Constant of Country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia a. Esker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Md	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) William E. Baken	Former or usual residence
(Address) Union Bridge md	Beaver Daw Centley July 30, 1931
15 Filed July 28 1931 Ma Confiners Registrar	20 yndertaker Courly albaugh Provileglowde
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," (secondary or intercurrent) affection need not be approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse, 'Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease ," "Coma, etc. The contributory Nomenclature " "Convulsions,

	XACTLY, PHYSI- classified. Exact	Village or City Frederick Hospital B	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2  (If death occurred in a hospital or institution, give its NAME in stend of street and
<u></u>	operity certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAX	ould te st may be pr n back of	Jemale White (Write the word) Widow	(Year)
A PER	ACE chou	S DATE OF BIRTH  Aug. 3 , 1876 (Month) (Day) (Year)	that I last saw help alive on the same of the same help alive on the same of t
CHIS IS	plied. rms sc instru	7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date thated above, at
INK-1	fully sup plain ter int. See	a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Duration) Syrs A pros
FADING	be care EATH in Importa	which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland	Contributory Contr
TH UN	should SE CF D	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D. 1923. (Address) M. D. State the Liscase Causing Death, or, in deaths from
LY, WI	te CAUS	(State or country)  12 Maluen NAME OF MOTHER  13 BIRTHPLACE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)
B PL.	ould state	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death wis disease contracted, 5 / 8 Delute State with not at place of death?  Former or
WRITE	Every Item CIANS S'HO Statement	(Informant) Mrs. Benfeman Volluse (Address) Dundock Ind	To place of Burial OR REMOVAL DATE OF BURIAL Fred. memoral Cem. July 28, 193
3	N. BEv	Filed 27 July 193 ) Dog meduly Registrary  16 more banks are needed, addre a state Assistrary	20 UNDERTAKER PADDELSS  W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
("E.haustion," "Heart failure," "Haemorrhage,"
("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJU.; Y "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Always qualify all contributory

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT should Registration Dist. No. item of Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) CO Length of residence in city or town where death occurry statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, (Month) (Year assified. BINDING 5a. If married, widowed, or divorces HUSBAND of HERE IFY. That attended deceased from (or) WIFE of C X 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days the date stated above, at DEATH and related causes of importance Date of onset 8. Trade, profession, or particular THIS NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. RESERVED of may . Industry or business in which should bac work was done, as SILK MILL occul SAW MILL, BANK, etc. 11. Total time (years)
spant in this
occupation 10. Date deceased last worked at this occupation (month and that instructions 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? . Q. Was there an autopsy? carefully MOTHER .E important 23. If death was due to external causes (VIOLENCE) fell in also the following: Accident, suicide, or homicide? ..... Date of Injury......... OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? .... pe (Specify eity or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) 18. BURIAL, CREMA Manner of injury CAUSE mation TION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes Date of importance were as follows:			The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	AUG 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V 8	July 5,1927	Peritonitis	3 days ogo	
		) j			
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gostroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 3 No. 1

	1	ot		
1	BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact		
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)	XA	7	cat	
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	tate	rop	Cel	
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	rma	6	AC.	
D	nfoi	E	COC	
	1 Jc	pile	0	
1	H	hou	it o	
	ite	S	ner	
	ery	Z	statement of OCCUPATION is very important. See instructions on back of certification	
	A Lai	Ö	8	
	M.			

	PLACE OF DEATH .	93-0	STATE OF MARYLAND CERTIFICATE OF DEATH
X	01 20117		Registration Dist. No. 137
	Village of City////////////////////////////////////	n/Ba	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS (	MEDIC	CAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED, OR SWORDERS WITH COMPANY MILE	16 DATE OF DEATH	(Month) (Day) (Year)
	6 DATE OF BIRTY (Month) (Day) (Year)	that I last saw h	SERTIFY, That I seconded the deceased from
	7 AGE  6 9 yrs. 9 mos. ds. or min.)	and that death occu	rred on the date stated above, at 30 m. TH * way as follows:
-	(a) Trade, profession of particular kind	Man	
1	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Durstion)yrsmosds.
	9 BIRTHELACTION CONTROL OF COUNTRY OF COUNTR	Secondery	(Durstion) yrsmosds.
	OF FATHER OF STATES	Signed Jan 1 22	M. D.
	CState of country 1 1 12 14 15 18 NAME		is ase Causing Death, or, in deaths from tate (Means of Injury and (2) Whether or Hemicidal.
	a SIRTHALACE	ients or Recent R	SIDENCE (For Hospitals, Institutions, Truns- esidente) In the
	(State or Country) When of	At place of deathyrs	mosds, Stateyrsmosds.
	(Information ) (Infor	Former or usual residence	
	(Address of March 1997)	Bethel	Cometery July 15. 1931
	Filed July 14 1931 MACEUFERAN	H.M. Su	Ider mt ary ma
	If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St.,	Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by cough; Committee on Nomenclature Chronic valvular heart etc. The contributory not be

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARY	YLAND-	CERTIFICATE OF DEATH 082	192
1. PLACE OF DEATH			(210)	1
County Frederick			Registration Dist. No.	/.
Village or City Fredericl	(Nati	onal Hig	Za-mann \	Ward
Length of residence in city or town where death	Occurred	(1f) vrsmos	St., f death occurred in a hospital or institution, give its NAME instead of street and c. ds. How long in U.S. if of foreign birth? yrs. r	
			os. How long in 0.3.11 of foldigh biffile	nos. ds.
2. FULL NAME Charles He (a) Residence: No. Fellow		y's	St., Ward. Yellow Springs, Md.	d State
PERSONAL AND STATISTICA	LPARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. White	SINGLE, MARR OR DIVORCED ATTI C	RIED, WIDOWED.	21. DATE OF DEATH  July (Month) 18 (Day)	, 193 1
5a. If married, widowed, or divorced HUSBAND of				(1581)
(or) WIFE of Husband of En	nma Bl	ank	22. I HEREBY CERTIFY, That I attended	deceased from
	00	2000	Death instantaneous	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	1880	I last saw h	; death is said
50 10	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	41	ormin.	were as follows: Struck by automobile	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborer		Dolack by automobile	
9. Industry or business in which	arm			
10. Date deceased last worked at this occupation (month and year)		ne (years) t in this pation		
12. BIRTHPLACE (city or town) Maj	ryland	••	Other Contributory Causes of importance:	
13. NAME Hohn Henry Blan	nk			
13. NAME Fohn Henry Blan			Name of operation Date of	
(State or country) Mary.	land		What test confirmed diagnosis?	37.
15. MAIDEN NAME Martha Ello	en Har	t	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Accidentate of injury 7-	
Stata or country) Maryl	and		Where did injury occur? Frederick, Md.	
17. INFORMANT Emma Blank (W (Address) Yellow Sprin			Specify city or town, county and Size Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLUBLIC Highway	ite) LACE.
18. BURIAL, CREMATION, OR BEMOVAL	21 0	.0. 21	Manner of injury Struck bu automobil	е
Place Dolla Cela Di	ate -	190	Nature of injury Fractured skull	
19. UNDERTAKER M. R. Gelle	reon	of for	24. Was diseasa or Injury in any way related to occupation of deceasad?	No
20. FILED 20 July, 193/ Ira	bruck	Peuely Registrer,	(Signed culton y, Benefit )	in the
If more blank	s are needed, ad		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. W.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exar	nple I	/5n	Example II		
Example The principal cause of death of importance were as follows Arteriosclerosis	and related causes		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	22277277	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones ,		May 1,1923	Gastroenteritis	1 year	
				1	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, (If death occurred in Ward) a hospital or institution, give its NAME inof street and stead number.) **2FULL NAME** prope PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED, BINDING WIDOWED. OR DIVORCED (Write the word) (Month) That A attended the deceased from DATE (Day) (Year) (Month) Ö IfLESS than 7 AGE and that death occurred on the date stated above, at Instru supplied. In terms s I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry 0 business, or establishment in UNFADING (Durstion) importa which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) DQ 10 NAME QF 0 11 BIRTHPLACE RENTS \*State the Disease Causing Death, or, In ent Causes, state (1) Means of Injury and OF FATHER deaths from OZ and (2) Whether (State or country ATIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER inform d state ients or Recent Residents) 13 BIRTHPLACE At place of death. OF MOTHER (State or Country) Where was disease contracted, if not at place of death? of shot Every item CIANS sho statement Former or (Informant) ADDRESS 20 UNDERTAKER Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; ävoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

TEACE OF DEATH	18294 STATE OF MARYLAND
County Hrederick	CERTIFICATE OF DEATH
	138
1 m m o +	Registration Dist. No. 170
Village or City lew Market (No.	St.: Ward) (If death occurred in
1/1 10 h	tion, give its NAME is -
2FULL NAME Sella Purialla	Bronson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
Lemale Colored WIDOWED. Single OR DIVORCED (Write the word)	16 DATE OF DEATH July 3/ 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11 - 151 .981	July 20 1903/10 July 3/ 1903/
(Month) (Day) (Year)	that I last saw her slive on July 29 102/
(301)	
7 AGE III LESS than I day hrs.	
yrs. 9 mos. 13 de. or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	param - enumpuea
(a) Trade, profession or	V
particular kind of work (b) General nature of industry	
business, or establishment in	0 0 21
which employed or (employer)	(Duration) Vyrs mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Dyration) yes mosde.
FATHER James Bringon.	(Signed) M. D
U 11 BIRTHPLACE	Luly 3/ 1923/ (Address) / flu Market 1991
Z (State or country) Mas H Carolina	State the Disease Causing Death, or, in deaths from
Y 12 MAIDEN NAME O	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Comma Varia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
The state of the s	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Emma Bromon	usual residence.
(Address) Rew Market Md	New Market Med aug 1, 19 31
Filed July 3/ 1981 Lucian K. Galcones Registrar	20 UNDERTAKER ADDRESS  Mout Market
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs. state occupation at beginning of illness. If retired from loborer, should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, 10 For many occupations a single word or term on Farm laborer. (b) Cotton mill; (a) Solesmon, At Home, and children, For persons (6) If the occupation has been changed Automobile factory. The Laborerwho have no occupation -Coal minc, etc. person, irrespective of not gainfully em-(6) materia Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

ent further correspondence. All the be obtained before the certificate is

"PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of telanus) may carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisomed by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia-(secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid America appro as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcomo, etc., o: Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Medical Association. or intercurrent) affection need not be ess important. Example: Measles (disease pe stated under the head of "contributory." Committee Chronic valvular heart disease; over thoroughly and all questions on Nomenclature etc. The Always qualify al "Ilaemorrhage, contributory Measles ;

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT should Registration Dist. No. /3/ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred -25 statement How long In U.S. if of foreign birth? (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) PERMANEN BINDING classified. 5a. If married, widowed, or divorcad (er) WIFE of saac Bush × 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than FOR to have occurred on the date stated above, at I day, \_\_ hrs. 68 The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance SI or .... min. ware as follows 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... THIS PATION RESERVED me Work jo may back 9. Industry or business in which work was done, as SILK MILLONUM. SAW MILL, BANK, atc. UNFADING INK 10. Data dacaasad last worked at this occupation (month and no 11. Total time (yaars) spant in this AGE that Othar Contributory Causes of importance 08 (State or country) FATHER See plain (Stata or country) should be carefully What tast confirmed diagnosis?. MOTHER important. 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_Date of Injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town (Stata ar country) Where did injury occur? .... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. very 17. INFORMANT OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation MOLL Nature of injury. 24. Was disaase or Injury in any way 19. UNDERTAKERS (Address) If so, specify M Registra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yaar)

Oate of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage .	July 5, 1927	Peritonitis	3 days ago
O contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Goodell

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City State Sarro atorus	Registration Dist, No.  St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Market White String Corned  Wall White String Corned  (Write the word)	16 DATE OF DEATH 2 6 , 198 3
G DATE OF BIRTH  Jel 14  (Month) (Day) (Year)	that I last saw h Malive on July 25, 1993/
7 AGE  5 0 yrs. 5 mos. / 2 ds. or min.?	and that death occurred on the date stated above, at 4304 m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Pulmonary Tuberculous
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER BUTTURES  11 BIRTHPLACE OF FATHER (State or country) Marcy and  12 MAIDEN NAME  12 MAIDEN NAME	Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (A
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Waryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) W. a. Yardy (Address) State Say	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  MULLIAN  MALES OF BURIAL  M
Filed July 2 ( 1923)  Registrar  If more branks are needed, address State Registrar	20 UNDERTAKER ADDRESS MA L-Clagge Sturmond 7, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
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STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH jo plnods Registration Dist. No Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS How long In U.S. if of foreign birth? vrs. mos. Length of residence in city\_or town where death occurred statement (a) Residence: Np. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) CTL PERMANEN BINDING classified. 5a. If married, widowed, or divormed HUSBAND of That I attended deceased from (or) WIFE of E certificate. 6. DATE DF BIRTH (month, day, and year) properly It/LESS than 7. AGE Years Months Days FOR 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance - min. SI 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. RESERVED jo 9. Industry or business in which may back work was done, as SILK MILL, SAW MILL, BANK, etc.... ID. Date deceased last worked at 11. Total time (years) no 00 this occupation (month and that instructions Other Contributory Causes of Importance MARGIN 12, BIRTHPLACE (city or town) (State or country) I3. NAME FATHE Name of operation 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? .. . carefully HER important. 15. MAIDEN NAME 23. If death wes due to external causes (VIDLENCE) fill In also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? \_\_\_. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR Manner of injury WRITE CAUSE mation Nature of injury. LION 24. Was disease or Injury in eny way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) 12. Registrar. (Address)

S. No.

(Year).

death is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

PLACE OF DEATH	08208 STATE OF MARYLAND			
County Ct rederick	(23) CERTIFICATE OF DEATH			
1++1 +-	Registration Dist. No.			
Village or City ale Dana and U	St: Ward) a hospital or institu-			
2FULL NAME MUSS Eloise	M. Carty tion, give its NAME instead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 4, 19 3./ (Month) (Day) (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
(Month) (Day) (Year)	that I last saw h Maliye on July 7 1923			
7 AGE     If LESS than	and that death occurred on the date stated above, at 9.15Pm.			
2 / yrs. / mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:			
a OCCUPATION (a) Trade, profession or particular kind of work	Tulmonary whereulosis			
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.			
9 BIRTHPLACE (State or country) wary and.	Contributory Secondary  ADuration)  yes yes de.			
10 NAME OF Clarence Carty	(Signed) (Iwar A. Maffelm. D. Wily 4 1923 (Address) State Sandbrumin			
OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Rose Nerman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place In the State yrs			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or 15.7 Performer of 15.7 Performer or 15.7 Perfor			
(Informant) W.a. Yar Ayer	usual residence 5 / S. O. O. O. A. A. A. O.			
(Address) Stale Somma Counn hy	Hagerstown Ind humanown			
Filed July 4 1913   Registrar	CM. Suter & Son Hagerstown hid			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (re-Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Loborer-Cool mine, etc. (b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinous fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jewer (never report "Typhoid Pneumonia,"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock,

(No.

6 DATE OF BIRTH

a occupation
(a) Trade, profes

particular kind o (b) General natur business, or estab

which employed

14 THE ABOVE IS

Filed July

9 BIRTHPLACE (State or countr

3 SEX

7 AGE

ENTS

AR

15

### CTATE OF MADVIAND

ERTIFICATE OF DEATH
Registration Dist. No. 14
St: Ward)  (If death occurred im a hospital or institution, give its NAME listead of street and number.)
CERTIFICATE OF DEATH
My 3, 183/
(Month) (Day) (Year) (Year) (Xear) (Year)
192 . to
live on, 192,
on the date stated above, at
was as rollows;
m
(Duration)yremoede.
. / / 6
Dyrajion) ds.
Address) M. D.
to Causing Death, or, in deaths from (1) Means of Injury and (2) Whether Homicidal.
ENCE (For Hospitals, Institutions, Trans-
In theds. Stateyrsmosds,
AAAA . AA AE

2FULL NAME Corner	tion, give its NAME Is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 193 / (Month) (Day) (Year)
(Morth) (Day) (Year)	17   HEREBY CERTIFY, That I attended the deceased from 192 , to 192 , that I last saw h alive on 192 ,
JIF LESS than I day	and that death occurred on the date stated above, at
CCUPATION ) Trade, profession or rticular kind of work	Millon
siness, or establishment in aich employed or (employer)	(Duration) yrs. de.
10 NAME OF FATHER PHANY & Comer	(Signor) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE  OF MOTHER.  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Eurory 7. Compression (Address) Brancowski Mid	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL
Filed July 3 1921 lun H. S. Helger Registras	20 UNDERTAKER  C. N. Fut & Son Brunewichy
If more blanks are needed, address tate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

2

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Neverseturn"Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Former or Plonter, tion applies to each, and every person, irrespective of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Physician, Compositor, Architect, Locomotive engineer, whatever .. write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Howsemuid, etc. If the occupation has been changed giged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEAR A CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
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	PLAGE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Brunouch	Registration Dist. No. 14/
	2 FULL NAME Kattiker Coopen	St.: Ward) a hospital or institu- tion, give its NAME II- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Jonth) J. (Day) 1937 (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that last aw had alive on All 1 attended the deceased from 192 , to 195 ,
	yrs. 6 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
The state of the s	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. mos 12 de.
	10 NAME OF FATHER HANNY COUNTY	Secondary  (Division)  (Signed)  (Signed)  (M. D.
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of deathyrsmosds.  Where was disesse contracted,
	(Information (Address) 27 - S. B. B. MANNE M. C. M.	Former or usual residence
	Filed 7/3/ 1931 N S. Hedgla Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons (6) Automobile factory. The materia Laborer-Coal minc, etc. Womwho have no occupation Grocery,

Statement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> garbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases Whooping American Medical Association.) resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. affection need not be The contributory Measles;

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

### STATE OF MARYLAND-CERTIFICA

IF	OF	DEATH	05	9	1	1
1.0			00	6	1	A

1. PLACE OF DEATH		82-0	
County Freder	ich	Registration Dist. No. 131	
Village or City Frede		No. 116. 6. South &	2. Ward
Length of residence in city or town wher	a death occurred / yrs 2 mos	death occurred in a horpital or institution, give its NAME instead of street and compared to the street and some street and so	number)
2. FULL NAME John	s F. Covell	l.	103
(a) Residence: No/1/6.	6. South (Usual place of abode)	St., & Ward.  If nonresident give city or town and	I Contract
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Male White	OR DIVORCED (write the word)	(Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olizabet  6. DATE OF BIRTH (month, day, and year)	the Esworthy	1 HEREBY CERTIFY. That I attended  June 151 1931, to July 31  Viast saw here alive on July 31	, 19.3/
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3. — A.m.	; death is sale
75 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profassion, or particular /	Tim man.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 2	Day Hand	atoria Salar	2
9. Industry or business in which / The	all Troad		
SAW MILL, BANK, atc. 2	hemical Works	Corobral Neces onto	6/
10. Date deceased last worked at Moo this occupation (month and year)	11. Total time (years) spent in this 20	- Committee of	June 1/3
12. BIRTHPLACE (city or town) Franced (State or country) Manage	erich bo	Other Contributory Canses of Importanca:	-
- Juan	pana	Denelly-	
I TOUCH	oovell		
14. BIRTHPLACE (city or town) Free (Stata or country)	derich loo	Name of operation Data of	
9/11/2//	yeard	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Mary	Barnes	23. If death was dua to external causas (VIDLENCE) fill in also tha following	:
16. BIRTHPLACE (city or town)	derich los	Accidant, suicida, or homicide? Date of Injury	, 19
(State er country) Mass	yland	Where did injury occur?	
17. INFORMANT MOOS COLORS (Address) (16. 6. Sour	les Null In St. Froedorich	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury	
Place Not Coarmel.	Date Aug 2 , 1931	Nature of injury.	
19. UNDERTAKER Thomas J. (Addiess) Frederic	Rice	24. Was disease or injury in any way related to occupation of daceased?	16
20. FILED J - Quy , 193/ ora	meleudes	(Signed) Illysses & Bourn	✓M. D.
	Registrar.	(Address) / trederick m	2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

a stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy [Ei] 9	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5,1927	Peritonitis (DENIED)	3 days ago
· English		ts.	
Ottocontributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Bourne

/ .		05.212	
1	OF DEATH	STATE	OF MARYLAND
County 7/1	ederick	G4D CERTIF	ICATE OF DEATH
		Regi	stration Dist. No. 153
	Walkersvilleno.	4 0	Ward) (If death occurred a hospital or institution, give its NAME is
²FUL	L NAME Mrs. Mancy Els	zeveth Eru	stead of street nn number.)
PERSON	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIF	ICATE OF DEATH
Fernale	What the word)	16 DATE OF DEATH	(n) /, 19/3/
6 DATE OF BIRT	Н	11	hat I attended the deceased from
	(Month) (Day) (Year)	that I last saw halive on	, 192
7 AGE	fLESS tha	and that death occured on the da	te stated above, at
	7/ yrs. 7 mos. 10 ds. or min.	The CAUSE OF DEATH * was as f	ollows:
(a) Trade, pro particular kind	fession or house huber	Coronary o	cclusion
business, or es	ture of industry rablishment in d or (employer)	(Dur	otion) minutes
9 BIRTHPLACE (State or cour	ntry)	Contributory	······ <u>·</u> ·····························
I 10 NAME OF	Maryland	(Dur	ation)yrsde
FATHER	John Fromeway	(Signed) Signed	Mary M.D.
OF FATHE	R ( 41/2	Viett Caus s, state (1) Mea Accidental, Suicidal or Homleidal.	g Death, or, in deaths from
12 MAIDEN I			
13 BIRTHPL	/ acher marker	18 LENGTH OF RESIDENCE (For	or Hospitals, Institutions, Trans
OF MOTHE (State or	ER (1)	At place of death yrsmosds.	In the Stateyrsmos ds
14 THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant)	Hanson Grum	Former or usual residence	
(Addre	ss) Walhersville	19 PLACE OF BURIAL OR REMOVE	DATE OF BURIAL 7/3, 193

of more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very im ortant, so that the relative health Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process of mine, etc. Wom-laborer Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary foreman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). gaged in domestic service for wages, as Servent, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meninzitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohor pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid Nover report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. vulrular heart The contributory Mensles ; discuse ,

PLACE OF DEATH	08213 STATE OF MARYLAND
County Frederick.	CERTIFICATE OF DEATH
040 +	Registration Dist. No. 139
Village or City Sale Salvanaloru	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME aymond	(). Day. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married, Widowed.  Wale white (Write the word)	16 DATE OF DEATH 26, 19 3
6 DATE OF BIRTH 29, 1892 (Month) (Day) (Year)	that I last saw h Malive on July 20, 1983,
7 AGE	and that death occurred on the date stated above, at 12:10 P.m.
3 8 yrs. 7 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Tulmonary wher culose
(b) General nature of industry	·
which employed or (employer)	Contributory July Culous Laryn gites
9 BIRTHPLACE (State or country)  A Aban & Annal	Secondary
10 NAME OF William Day	(Signed) Sward Shaffer M. D.
11 BIRTHPLACE OF FATHER (State or country) Mary and	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER of atherine of au	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of deathyrs. 3mos. 9ds. In the Lifetimeds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) W.a. Garden	Former or usual residence 16 N. Potomac St. Balto. Md.  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) State Saffatoning.	Baltimore md. unknown
15 Filed July 26 1983   Registrar	20 UNDERTAKER ADDRESS Ind. Thurmont
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUKY or intercurrent) ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic statement of Example: Measles (disease valvular heart disease; affection need etc. The Nomen Always qualify all cause of clature contributory not be of the

permanently filed. answered in detail, it will pro If this certificate is looked ofore the 1 questions

ficate is

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis (93)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis-	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Trederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
Village or City State Samo alorun  2FULL NAME Nellie Du	St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  B DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year)
may 17 ,1905	17 I HEREBY CERTIFY, That I attended the deceased from  19629 to 1983/ that I last saw h Palive on 1983,
(Month) (Day) (Year)  7 AGE 2 6 yrs.   mos.   ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Julmonary Julerculoss
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Trederick Md.	ds,
9 BIRTHPLACE (State or country) Frederick Md.	Contributory Secondary  L. (Duration) J. 1978
10 NAME OF FATHER Thomas & Dinterma 11 BIRTHPLACE	(Signed) & lwarr D. Shaffer M. D. M.
OF FATHER (State or country) Trederick Co. Md  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER VICENCE Under ge	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
13 BIRTHPLACE OF MOTHER (State or Country) Frederick Co. Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) W. A. Yarghur (Address) tate Sangalorum My	Where was disease contracted, unknown m if not at place of death?  Former or 27 Motter ave. Frederick
(Address) tate Langelorin My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MUTANOTUR, 19
Filed July 6 19831 / Registrar	M. R. Etchmion Frederick
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	145-0
County freduces (Ca	Registration Dist. No. / 3
Village or City Andrews C. The Line Company	No. Nedworf Wire Hospital or institution, give its FAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. If of foreign birth?
2. FULL NAME IN Mable Hum	- · · / /
(a) Residence: No. 27- air Buenowic (Usual place of abode)	St.,   Ward. Brunewick lbc If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF REATH  (Month)  (Day)  (Yoer)
5a. If merried, widowed, or divorced HUSBAND of	22.   MEREBY CERTIFY That lattended deceased from
(or) WIFE of Vlymond Dum	July 2 193/10 July 3 193/
6. DATE OF BIRTH (month, day, end year)   anisans 5, 1958	I last saw here alive on July 3 193 1 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1908, 23, 3- 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8 Trade profession or perticular	Were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Jeffe Calinia: (Sheft)
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	a Clood stream infection. Cruf St.
10. Date deceased last worked et 11. Total time (years)	resulting from an abortion, self-inflicted, on
this occupation (month end spent in this occupation	or about June 28th , 1931. Cruff B.
Bringwill	Other Couributory Causes of Importance:
12. BIRTHPLACE (city or town) (State op-country)	
# 13. NAME YOM W. Tiles	(Streptosoccie)
13. NAME A O W. 14. BIRTHPLACE (city or town)	Neme of operation 20012 Dete of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy? Zex
15. MAIDEN NAME Laura Hoffmian	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of Injury, 19
State of equality)	Where did injury occur?
17. INFORMANT CHIMONA DUMM (Address) Egy ave. Brunswegger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De Nurswick Date Date D. 1931	Neture of Injury
19 UNDERTAKER UM & Deuxey	24. Was disease or injury in any way releted to occupation of deceesed?
(Address) Runowich my	If so, specify
20 FILED Flux 1931 Strategie	(Signed) El Thomas M.A.
Registrar.	(Address) First enclosed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Become	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	III SELV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Atto -	July 5,1927	Peritonitis	3 days ago
	54.5			
Other contributory causes	of importance:	8.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (18217
1. PLACE OF DEATH	Phin the Com
County Frederick	Registration Dist. No.
Village or City Fracederick	No. 5. St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long la U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lillian 17. Farve	ley
(a) Residence: No. 5: 8, Water (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 9 193/
5a. If merriad, widowed, or divorced	(Mondon) (Oay) (Year)
(or) WIFE of Clarence Lo. Fawley	22. A HEREBY CERTIFY, That I attended deceased from April 23 1931 to July 9 1931
6. DATE OF BIRTH (month, day, end year) 2005 9 1902	Hat saw h. et alive on July 80 , 1931; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, by T. Ant.
26 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Cardio- Jones Visease Date of onset
< 1/9. Industry or business in which	1.927
work was done, as SILK MILL. Own Hoome	
10. Date decaasad lest worked at Moss 11. Total tima (yeers) spent in this year) 1931 occupation	
00.	Other Contributory Causes of Importance :
12. BIRTHPLACE (city or town) (State or country)	
I .	
(Stete or country)	Name of operation
	What tast confirmed diagnosis? Wes there an au'opsy?
15. MAIOEN NAME Grand J3, Stools	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete er country) Virginia	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Colorence & Frankley (Address) S Water St. f	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mat Olivet lease Date Seely 11, 1931	Nature of injury.
19. UNDERTAKER Thomas J. Torce	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick	If so, specify
20. FILED D-July, 1931 Ora / McXIIIIII	(Signed) M.D. (Address) Laudenck Manufaux
If more danks are needed, address State Robinar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11.54

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No Bapter.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U, S. No. 1.

10

(Day)

193

That I attended deceased from

Was there an autopsy? ....

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is ry important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   Oct.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	11921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days aga
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census end American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> "(E:haustion," "Heart failure," "Haemorrhage, "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJU.: Y "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvulor heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENE, mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH (18220)
1. PLACE OF DEATH	
County Trederick.	Registration Dist. No.
Village or City Frederick Cely Hosp	Inol St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city of lown where death occurredyrs	us. How long in 0.3, it of foreign birth:
2. FULL NAME / / Day / Wary	aures
(a) Residence: No. of France, Mr. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of	22.   HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) June 76-1906	I last saw h elive on 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and m.
25 14 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Clampsia pla
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	01
U 10. Dato deceased last worked et 11. Total time (yeers)	1 hung on Olding
o this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) Carrall Co. Ma,	Other Contributory Causes of importance:
(State or country)	John ster wie
13. NAME Mr. It M. J. Grewes	This A M. of wins.
13. NAME M. It I, Gravel Co	Name ef operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME dua R. Harfield	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Caua R. Kaefield  16. BIRTHPLACE (city or town) Mont Comma  (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Mr. Haller J. Grines (Address) Wash: D.C.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Taylors will County Date July 13=1931.	- Nature of injury
19 UNDERTAKER 6. 2M. Walts,	24. Wes disease or injury In eny way related to occupation of deceesed?
19. UNDERTAKER 9. Win Lie A. Mys.	if so, specify
20. FILED / - July, 193/ Daf meducles	(Signed) Century M.D. (Address) Frequency M.D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis 2 1921 Run over by street car 1		Example II		Example I
Chronic interstitial nephritis 1921 Run over by street car 1 Cerebral hemorrhage July 5, 1927 Peritonitis 3	Date of onset	principal cause of death and related causes portance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Cercbral hemorrhage July 5,1927 Peritonitis 3	1 week age	of epilepsy	1915	
Cerebral hemorrhage July 5,1927 Peritonitis 3	1 week age	ver by street car	1921	Chronic interstitial nephritis?
Other contributory causes of importance:  Other contributory eauses of importance:	3 days ago	nitis	1 : 7	
Other contributory causes of importance: Other contributory eauses of importance:			1	AUG 8 1931
		contributory eauses of importance:		Other contributory causes of importance:
Gollstones May 1,1923 Gastroenteritis	1 year	penteritis	May 1,1923	Gollstones

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	CHIM	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 9 193	July 5, 1927	Peritonitis	3 days ago
	ATTENDED TO	1.8-		
Other contributory causes of imp	oortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact see instructions on back of certificate. ORD BINDIA PERMA FOR supplied. UNFADING INK--THIS RESERVED f Information should be carefully so state CAUSE OF DEATH in plain OCCUPATION is very important. So MARGIN of information CIANS should statement of C WRITE

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PLACE OF DEATH	US202 STATE OF MARYLAND
County Trederich	CERTIFICATE OF DEATH
	Registration Dist. No. 3/ =
Village or City Monture Horasetal  2FULL NAME Robert Graham	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH N
male white (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw himsalive on July 30, 193/
7 AGE  7 5 7 yrs. mos. ds. or min.?	and that death occurred on the date stated above, nt
e OCCUPATION (a) Trade, profession or particular kind of work	Mrema
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 4 ds.
9 BIRTHPLACE (State or country)  Manylaud	Contributory Secondary  (Duration) yrs. 61 mos. ds.
10 NAME OF James Rober Graham	(Signed) 100 Horaca M. D. M. D
UN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
V OF MOTHER MACALLA	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Waryland	At place of death of yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James a. Jones Surch.  (Address) Wonterne Hope tal Year & W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR L. DATE OF BURIAL  10 Ch la Olun 1 - Olun 1 1931
15 Filed 31-July, 1931: North-Curby:	20 UNIERTAKER ADDRESS

If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requestion V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed laborer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Salesmon. Locomotive (b) Grocery; engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonocum, etc., Corcinoma, Sarcomo, etc., of lcianus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by carbolic acid-probably suicide. The nature of the injury, "Exhaustion, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences le. g., sepsis, Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Committee on Chronic etc. The contributory valvular heart diseose, Nomenclature

If this certificate is looked over thoroughly and a! questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied

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	FADING INK-THIS IS A PERMANT IT I CORD	be carefully supplied. ACE should be stated EXACTLY, P EATH in plain terms so that it may be properly classified.
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PLACE\_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) certificate. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 S SINGLE. 3 SEX 4 COLOR OR RACE 16 OATE OF DEATH MARRIED, See instructions on back WIDOWEO. OR DIVORCEO (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) (Month) (Yesr) 7 AGE IIf LESS than and that death occurred on the date stated above, l day hrs. The CAUSE OF DEATH \* was as follows: ....min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Important. business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) Should 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUSI ARENT (State or country 12 MAIDEN NA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE At place 2 yra. In the OF MOTHER (State or Country) Every Item of Item of Item of Items Should Statement of OC Where was disease contracted, if not at place of death?. usual residence (Informant) REMOVAL 20 UNDERTAKER Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-

tion, give its NAME in-stead of street and

OATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Former free gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Form loborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISTEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,")

61 American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is perminently filed.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08225
1. PLACE OF DEATH	(53)
County Triderick	Registration Dist. No. / 32.
Village or City Near Middleton	No. St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsn	nosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Janua Vingi	in tefanoer
(a) Residence: No. mean milled	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
house White OR DIVORCED (rupice the word)	(Month) 1 (Day) (Year)
. If married, widowed, or divorced HUSBAND of Converse Tolland	22. I HEREBY CERTIFY, That I attended deceased f
D. 0.16 16-71	- 1930, to July 28, 19
DATE OF BIRTH (month, day, and year)	I last saw has alive on facility alive on facility and alive on fa
AGE Years Months Days If LESS than	
79 9 / D 1 day,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	00
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	onerone
work was done, as SILK MILL, SAW MILL, BANK, etc	Map of least
	y a di di di
year) oscupation oscupation	Other Centributory Causes of Importance:
BIRTHPLACE (city or town) (State or country)	
W. C.	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) N.Z. Pleasant	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
(Address) Trielle Med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Milleton Date for 30,19.3	
UNDERTAKER G. E. Colina + In	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Felicat Md.	If so, specify
	1f so, specify (Signed) RV Haus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnods County Frederick item of Village or City Frederick PHYSICIANS Length of residence in city or town where death occurred \_\_\_\_\_yrs,\_\_\_\_mos. ECORD. Every statement 2. FULL NAME Mrs. Laura A. S. Kefauver. (a) Residence: No. 216 N. Market St.. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word) female | white classified. 5a, If married, widowed, or divorced HUSBANO of 22. Charles P. Kefauver . (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) Feb. 8, 1852 P certificate. properly If LESS than 7. AGE Years Months Devs 1 day, ....hrs. 23 79 or .... min. 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ be Jo Housewife plnods may 9. Industry or business in which At Home work was done, as SILK MILL, SAW MILL, BANK, atc.\_\_\_\_ OCCUP 10. Oata deceased last worked at on 11. Total time (years) spant in this this occupation (month and that occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ... Maryland (State or country)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_mos. \_\_\_\_ ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 03 / (Year) (Day) That I attended daceasad from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset FATHER 13. NAME Joshua Koogle. 14. BIRTHPLACE (city or town) ... (State or country) Whet test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER 15. MAIOEN NAME Unknown 23. If death wes due to external causes (VIOL ENCE) fill In also the following: Unknown Accident, suicida, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Mrs. L. E. Phebus. Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT Frederick. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Plece Middletown, Md. Date July 4, 1931 Nature of injury. M. R. Etchison & Son. 24. Was disease or injury In any way related to occupation of deceased? 19. UNOERTAKER Frederick, Md. (Address If so, specify 20. FILEO 2 Registylar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	INECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	1 AUG 8 100	July 5,1927	Peritonitis	3 days ago
	BUREAU V 8	li i		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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PLACE OF DEATH	08227 STATE OF MARYLAND
County of rederich	23 CERTIFICATE OF DEATH
h oth	Registration Dist. No. 144
Village or City Ungunanon V 2FULL NAME Sarilla Click	St.: Ward)  (If death occurred in a hospitel or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Party of Single, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATHOR (Month) (Day) (Year)
6 DATE OF BIRTH  July 29  (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 20th 1930 to find 2 th, 1851, that I last saw harmalive on find 27 th, 1921,
7 AGE    If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Luss 92
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Valuation Jyre & mos & de.  Contributory Valuation des 2008
10 NAME OF FATHER OF PATHER  10 NAME OF STATE  11 BIRTHPLACE  OF FATHER  12 OF STATE  13 OF STATE  14 OF STATE  15 OF STATE  16 OF STATE  17 OF STATE  18 OF STA	(Signed) 1 / D D. Mary M. D.  Auly 9 1931 (Address) Trackusm md
(State or country)  12 MAIDEN NAME OF MOTHER  Sabelle Suprange	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant O The BEST OF MY KNOWLEDGE	Former or usual residence
(Address) thur work Ma	Thurmont M. B. July //. 193/
15 Filed 7/10/ 1981 Anna M. Souls Registrar	m Lareager Han Thomas
If more branks are needed, address State Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-laborer, Form laborer, Laborer—Cool mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Cotton mill; (a) Salesman; (b) Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial " "Marasmus," "Old Age," "Shock," nephritis, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMA WRITE PL

V. S. No. 1

PLACE OF DEATH fredericks County Hashington	CERTIFICATE OF DEATH Registration Dist. No. 132
Village or City Durketsulla (No	St.: Ward)  (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male.   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH fuly 2 , 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH  7	17 I HEREBY CERTIFY, That I attended the deceased from Level 8 1931. to July 0, 1983/ that I last saw have alive on July 0, 1923/
7 AGE   If LESS than   I day hrs.   ds. or min.?	and that death occurred on the date stated above, at 7 55 Pm The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Pails work particular kind of work (b) C	Cerebral Deworleage
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos de
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yts mos de
FATHER Maylon Knodler	(Signed) M. D. M. Durch 1981 (Address) Durch de Jaum Ma
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COMME CORE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
OF MOTHER (State or Country) / Maryland	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Cona (IVI. / Jann	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lufselsulle Md-	Jonat Valley 113, 190

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on whatever, write Nonc. business, that fact may be indicated thus; Fernier (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia;")

unqualified, is indefinite); Tuberculosis of lungs, meninges, approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No pluoda (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ SICIANS (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE OR DIVORCED (write the word) CTL (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of TIFY That ! attended deceased from M 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Davs If LESS than 1 day,\_ or \_\_\_\_ min. Date of onset 8. Trade, profession, or particular THIS kind of work done, as SPINNER, MARGIN RESERVED be of SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... back may pluods occu) 10. Date deceased last worked at Total time (years) On this occupation (month and spent in this that occupation \_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) ER 13. NAME FATHE 14. BIRTHPLACE (city or fown) in plain (State or country) What test confirmed diagnosis? Was there an autopsy? be carefully MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: important Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city er town) (State or country Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Nature of Injury TION 24. Was disease opinjury In 19. UNDERTAKER (Address) If so, specify egistrar. If more blanks are needed, addres state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
Example I  The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Othor contributors			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1823)
1. PLACE OF DEATH	(82-2)
County Frederick	Registration Dist. No. 131
Village or City Frederick	No. 42 N. N. Scientisarts St., & Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred by yrs	
2. FULL NAME Omma /4. Local	tner
(a) Residence: No. 4-2/ N. Tesselsant (Usual place of abode)	St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (193 ) (Yeer)
5e. If married, widowed, or divorced  HUSBAND of Thomas H.O. Cobbests  (or) WIFE of James P. Sightner	22. I HEREBY CERT FY, That I ettended occessed from
6. DATE OF BIRTH (month, day, end yeer) Aug 3/ /862.	I last sew h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 8-28 Zm
68 11 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trede, profession, or perticular kind of work done, as SPINNER Hoockse Wifee SAWYER, BOOKKEEPER, etc.	fram Scrimmy &
9. Industry or business in which work wes done, es SILK MILL. Grove Placesee SAW MILL, BANK, etc	1540
10. Date decessed lest worked et this occupetion (month and 1931)  11. Total time (yeers) spant in this yeer)	
12. BIRTHPLACE (city or town) Fronderick  (State or country) Maryland	Other Contributory Causes of Importence
~   W( '41 ·	And Stable I
13. NAME VILLIAMS A. Shomas  14. BIRTHPLACE (city or town) Frond years 68	Neme of operation
(State or country) Maryland	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Havy Ellen Sto Kenly	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Frocoderich 600  (State er country) Maryland	Accident, suicide, or homicide?
17. INFORMAN MOS Ella M. Froy (Address) 421: Klinekorts LE	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mot. Olivet Bene Dete July 18, 1931	Manner of injury
19. UNDERTAKER Thomas J. Tice (Address) Frederick.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6- rely, 193/ora & meturski Registrar.	(Signed) M. D.
If more blanks are needed, address Staff Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ot contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

29. Headges

ż

17. INFORMANT ..... Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet emetery Date

M. R. Etchison & Son. Frederick. Md.

(Address)

(Address)

19. UNDERTAKER

20, FILED

County Freder Village or City Frede Length of residence In city or	ick rick	(If	CERTIFICATE OF DEATH US231  Registration Dist. No. /3 /  No
2. FULL NAME Mrs. (a) Residence: No. 31	3 W. Patr		St., Ward.  If nonresident give city or town and State
PERSONAL AND S	TATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4. color or female white	OF	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH July 1st., 193 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of George (or) WIFE of George		19, 1867	22. THEREBY CERTIFY. That I attended decoased from 1920, to 1921; death is said
AGE Years 63 4	ar	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atn.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
kind of work done, as SP SAWYER, BOOKKEEPER, of 9. Industry or business in whice work was done, as SILK I SAW MILL, BANK, etc	h MILL, Δ.	Wife Home	Hunt Ougench
1D. Date deceased last worked a this occupation (month an year)	t d	11. Total time (years) spent in this occupation	While I I
2. BIRTHPLACE (city or town) (State or country)	Maryland	*	Dther Coutributory Causes of importance
13. NAME George En	gelbrecht	•	June 1
14. BIRTHPLACE (city or town) (State or country)	ermany		Name of operation
15. MAIDEN NAME FILIZ  16. BIRTHPLACE (city or town) (State or country)	abeth Der Germany		23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
Mrs. Wm.	Wolfe.		Where did Injury occur? (Specify city or town, county and State)

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Nature of injury

(Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

July 3,

Manner of injui

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAD		,		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy1,1923	Gastroenteritis	1 year	
		0 0		
		6		

(	(E)	PHYSI-
1	RD	>
	OR	SE EXACTI
	F	State

	PLACE OF DEATH .	08232 STATE OF	MARVI AND
	County Frederick	CERTIFICA	
/	11-10-1-		on Dist. No. 139
Vil	lage or City State Lange form	· Md. s. w.	ord) (If death occurred in
	2FULL NAME /Benjamin	C. Marley.	a hospital or institu- tion, give its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	F OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	0 7 2
0	ale white (Write the word)	July	1 2 /, 191 3
6 1	DATE OF BIRTH	(Month)	(Day) (Year)
	July 15 1898	Dec 18 192 6 19	July 27, 19831,
	(Month) (Day) (Year)	that I last saw h MM alive on	114 2 7 19 31.
7 4	GE [If LESS than	and that death occurred on the date sto	
	3 3 yrs. 0 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows	
8 0	CCUPATION	Oumonary 1	1 Hr CILLOSU
P	a) Trade, profession or harma UST	arings of the Minister allies ones are never to consider the constant to the c	
0	b) General nature of industry usiness, or establishment in	T	yıs. mos. ds.
G	which employed or (employer)	Contributory atal Pulmone	ou Hemorrhag
9 E	(State or country) Toy I and.	Secondary (Duration)	yes A from de
	10 NAME OF	(Signed) Alwari &	hat fer M. D.
	FATHER 6. VVarily	July 27 1913 (Address) State	Sanatorini m
ENTS	OF FATHER (State or country) Rusters town Md.	State the Disease Causing Device Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) Whether
ARE	12 MAIDEN NAME OF MOTHER O AAAAA B MAHAA		spitals, Institutions, Trans-
0	13 BIRTHPLACE	ients or Recent Residents)	Siletime
	OF MOTHER (State or Country)	of deathyrsmosds.	the difference of the state of
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	mown
	a. Ma. Hardner.	Former or usual residence 5/1 york 1000	ed. Ballo Ma
	(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
_	(Address) Law Jana Jana	Towson Mo	, 19
15	Filed July 27 19831	20 UNDERTAKER	ADDRESS Mg
	Registrar	La. Mayor	11 monnon

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (te-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia -Coal mine, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Nomenclature etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU U.S	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Market Market Committee Co		

PHYSICIANS should state \*\*MRITE PLAINEY, WHAT UNFADING INK-THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	46)
1	County Frederick	turible gistration Dist. No. / 2 / -
	Village or City Frederick	Nacional Contraction St., Ward
	Length of residence in city or form where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
1	2. FULL NAME Suparm	health m- culler
/	(a) Residence: No. Lewiston had	St/, Ward.
/	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Morris)  (Morris)  (Day)  (Yeer)
	5a. If married, widowed, or divorced HUSBANO of	22.     HEREBY DERTIFY That Mattended deceased from
	(or) WiFE of James M - Culler	/ we 1 130 10 / Kly 12 123/
te.	6. DATE OF BIRTH (month, day, and year) June 19-1864	I lay saw a alive on ; death is said
certificate	7. AGE Yeers Nonth's Oays If LESS than 1 day,	to have occurred on the dete stated above at
erti	6/ 0 23 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as old ws:
of ce	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which	Car cenoma of
त्व	CAW MILL DANK ALE	and blood di
no	10. Oate deceased last worked at this occupation (month and year)  11. Total time (years) spant in this spant in this year) occupation	jood o da alaas,
ions		Other Contributory Causes of importance:
nct	12. BIRTHPLACE (city or town)	
instructions	I 13. NAME John Freshman	
See i	13. NAME THE TESH 14. BIRTHPLACE (city or town)	Name of operation Date of
9.	(State of country)	What test confirmed diegnosis?
ant.	15. MAIOEN NAME WE Just tong	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIOEN NAME Als trap known  16. BIRTHPLACE (city or town) Le Noth Leven  (State or country)	Accident, suicide, or homicide?
dwi	(State or country)	Where did injury occur? (Specify ofty or town, county and State)
very	17. INFORMANT (Address) 2/6 6 4 5 8 8 7 1 1 8	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is ve	18. BURIAL, CREMATION, OR REMOVAL Catholic	Manner of injury
	Place Tiberty town Date July / 5, 193/	Nature of injury
TION	19. UNDERTAKER ME Cereage Han	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Change of the Color o	If so, specify
	20. FILED 1 - July, 1921 OFO Meetingly Registrar.	(Signed). Address) A Le delich MM.
1	1/ 1	2411 N Charles Street Baltimore Requesting 71 S No.

08234

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	and the second s	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis			Run over by street car	1 week ago	
Cerebral hemorrhage	RE	July 5,1927	Peritonitis	3 days ago	
	AUG 6 1003				
Other contributory ca	uses of importance?		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT plnods County Registration Dist. No. item death openred in a horpital or institution, give its NAME instead of street and number) long in U. S. if of foreign birth? Length of residence in city or town where death occurred Every itatement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Year) 5e. If married, widowed, or divorced HUSBAND of That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE properl Months If LESS than to have occurred on the date stated above, at 1 day.\_\_\_\_hrs. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc..... work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at A1. Total time (years) this occupation (month and that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) efully What test confirmed diegnosis?. HER 15. MAIDEN NAME important 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation TION Natura of injury 24. Was disease or injury in any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U. S. If of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE CTL (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of EX 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months If LESS than to have occurred on the date stated abova, at \_//\_ 1 day, \_\_\_\_hrs. or ..... min. Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. back may 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc..... 1D. Data deceased last worked at uo 11. Total time (years) spent in this this occupation (month and that occupation instructions Diher Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) be carefully important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) 18. BURIAL: OREMATION, UR REMOV -WRITE Mannar of Injury CAUSE mation TION 19 UNDERTAKER (Address) If so, specify Registrar If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

FOR BINDING
IS A PERMANENT ECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08237

PLACE O	F DEAT	н			82.4			,
						Posietration	Diet Nd 2	
Village or (	city Fre	ederick						Ward
			death occurrad					
FILL NA	ME C	harles I	Pierce Mo	rgan				
		0 7 0			St Ward			
(a) nesidei	100. 110		(Usual plac	e of abode)		If nonresident	give city or lown	and State
PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH	1
male			5. SINGLE, MA OR DIVORC WICOWEY	RRIED, WIDOWED.	21. DATE OF DEATH	July (Month)	14,	., 193 1:
(or) WIFE of	Me	ry Jane	Eaves		1 HEREB			
				054	(Maet caw h - alive on		1 6 1	(; death is said
						/		
				1 day, hrs.	The PRINCIPAL CAUSE OF DE			
	1		111	ormin.	wera as follows:			Oste of onset
kind of	work done, a	S SPINNER,	aborer		ARKA!	10		
9 Industry or	husinass in	which			OVI Hamp	The Santaly and		
SAW MI	IS dona, as SI LL, BANK, at	C	a rey	er.				
this occu	pation (mon	th and	SP	ent in this				
year)			00	cupation	Other Contributory Causes of In	nportance:		
		Mary	land			A		
					artero - 8	eleroe	u	
	Charle	Morga	n.					
14. BIRTHPLAC	E (city or tov	vn) Maryl	and.		Nama of oparation		Oate o	f
(Stata o	r country)				What test confirmed diagnosis?		Was there	an autopsy?
15. MAIOEN NA	AME UNI		TOTOWN.		23. If death was due to external	causes (VIOLENCE) f	fill In also tha follow	wing:
16. BIRTHPLAC	E (city or tov	vn)	IVMOMN		Accident, suicide, or homicida?		Date of injury	, 19
		3/			Whare did injury occur?	(Specify city o	r town county and	State)
					Spacify whathar injury occurred	d in INDUSTRY, in H	OME, or In PUBLIC	PLACE.
			-					
			410a Ju	lv.161931				
	M. R.	Etchiso	on & Son.	,		u way rainted to accom	nation of decers 42	
UNCERTAKER	Twade	Hok Me			-	y way ratatad to occu	pation of deceasad?	
(Address) /	I I ode.	LICKS M	1 1		If so, specify	7		
	County FX Village or ( Length of res Length	County Frederic Village or City Frederic Length of residence in city Length of Residen	(a) Residence: No. 2 E. Se  PERSONAL AND STATIST  SEX	County Frederick.  Village or City Frederick  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  Length of residence in city or town whare death occurred.  (Usual place of Usual place	County Frederick  Village or City Frederick  Length of residence in city or town whare death occurred	County Frederick  Village or City  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what where death occurred  Length of residence in city or town what will be a should be a	County Frederick  Village or City Frederick  Village or City Frederick  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  No. Montevue Hospital  Name Journal  No. Media above courted on the data stafed sbow, at 22.  1	County Frederick.  Village or City Frederick  Village or City Frederick  Village or City Frederick  Length of residence in city or town whare death occurred  Length of residence in city or town whare death occurred  (If death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in a hospital or institution, give in NAME instead of street a death occurred in NAME instead occurred in Industry, in Holes, or in Political Course in NAME instead occurred in Industry, in Holes, or in Political Course in NAME instead occurred in Industry, in Holes, or in Political Course in NAM

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 8 1931	1			
Other contributory causes of importance:	,1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

MARGIN RESERVED FOR BINDING

ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05238
SUP	1. PLACE OF DEATH	120
should f OCC	County Trederick	Registration Dist. No.
sho of C	Village or City Gurkillwille (If	No. St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
. 100	Length of residence in city or lown where death occurred	
Eve	2. FULL NAME Clema Catharine	Mour
ED. Every YSICIANS statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If conresident give city or towo and State
PHY xact s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
× E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 18 193/
C T L	5a. If married, wldowed, or divorced	(Month) (Day) (Year)
MAN A C	HUSBAND of (or) WIFE of	HEREBY CERTIFY. That Lattended deceased from
EXX.	6. DATE OF BIRTH (month, day, and year)	Chast saw (15 alive on 1 18 19.31 death is said
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above at . 3. P.m.
IS A PE stated E properly ertificate	69 7 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
IS IS	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10 11 1
ould lanay l	9. Industry or business in which work was done, as SILK MILL.	and adule Sudaren
K—shoul	SAW MILL, BANK, etc.	Durie W
IE at i	O IO. Date deceased last worked at this occupation (month and year) occupation occupation	0
NFADING plied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Canada of importance:
AD ed.	(State or country) Mayland	CACO-30-IN-01-010
ppli ppli erm inst	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
su sin t	14. BIRTHPLACE (city or fown).  (State or country)  (State or country)	Name of operation Date of
ully pla	15. MAIDEN NAME Lucinda am Beakley	What test confirmed diagnosis?
INLY, W be carefu EATH in 1 important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
INTY, be ca EATH import	(State or country) Maryland	Where did Injury occur?
ADOV	17. INFORMANT alla fillione Mid.	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sh S	18. BURIAL, CREMATION OR REMOVAL Jun Date July 21, 1931	Manner of injury
mation CAUSE TION is	19. UNDERTAKER CIM Hadbill (Address) M. Alletour M. A.	24. Was disease or Injury in any way related to occupation of deceased?
m Z	20. FILED LUY 20, 193/ D. Foreyma Ducces	(Signed)
0	Registrar.  If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4.5
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

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E:	kample I		Example II		
The principal eause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MECENTE	July 5,1927	Peritonitis	3 days ago	
	11C 8 1931				
Other contributory causes		8	Other contributory causes of importance:		
Gallstones	BUREAU	May 1,1923	Gastroentcritis	1 year	

-	
No.	
às	
>	1
	1

1	County Fracederick	Registration Dist. No. /3/		
/ 1	Neam or	No Montever Hospital St.		
	Village or City Declerect (II	f death occurred in a hospital or institution, give its NAME instead of street and num		
- 1	Langth of rasidence in city or town where death occurredyrs,mos	ds. How long io U.S. if of foraign birtb?yrsmos		
	2. FULL NAME George Norses			
	(a) Residence: No. 310 (Klineharts)	St., 3 Ward.		
	(Usual place of abode)	If nonresident give city or town and Stat		
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
	OR DIVORCED (write the word)	21. DATE OF DEATH Lealy 23		
	Mode Colored Widowed  5a. If married, widowed, or divorced	(Month) (Day)		
	HUSBAND of	22. I HEREBY CERTIFY, That I attended dace		
	Georgeana & chley	1921, to Startes 727		
	6. DATE OF BIRTH (month, day, and year) (9) /867	I last saw halive on		
certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3. Pm.		
ertifica	70 × 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:		
	8. Trade, profession, or particular kind of work dona, as SPINNER, Pay Zaboser SAWYER, BOOKKEEPER, atc.	Dat		
Jo	kind of work dona, as SPINNER, Cay Laborer			
back	9. Industry or business in which work was done, as SILK MIL Stave Dansary at	Quart Block		
- 10		-		
0	10. Date deceased last worked at this occupation (month and 1930 spant in this occupation occupation			
instructions	) your and a second sec	Other Contributory Causes of importance:		
ucti	12. BIRTHPLACE (city or town) (Stata or country) Manual and			
stri		- Colivoursa My oracolices		
	14. BIRTHPLACE (city or town)			
See	4. BIRTHPLACE (city or town)	Name of operation Date of		
		What tast confirmed diagnosis? Was there an autor		
portant	15. MAIDEN NAME On not language  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
ort	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury,		
y import	2 (State ar country) Massyland	Where did injury occur?(Specify city or town, county and State)		
y ii	17. INFORMANT Claabelle Mundock	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
very	(Address) 310 / Clinelants St			
	18. BURJAL, CREMATION, OR REMOVAL	Manner of injury		
	Place Harven Lang Data ruly 25, 1931	Nature of injury		
TION	19. UNDERTAKER Thomas P. Rice	24. Was disease or injury in any way related to occupation of deceased?		
	(Address) Frederick Med	If so, spacify		
I				
I	20, FILED 23- July 1931 fra mcCurly;	(Signed)		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 3	3 days ago
		1001 9 DOV	
O contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		A Paragraphic Control	

11		08241
	PLACE OF DEATH	STATE OF MARYLAND
1	County Frederick	CERTIFICATE OF DEATH
1/	***************************************	Registration Dist, No. / 3 .5
X	lage or City Myersvelle (No.	
Vil	lage or City yersvill (No	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Josephus Ca	St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	Male White (Write the word)	July 1990 4
-	DATE OF BIRTH	// (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	0, , , , , , , , , , , , , , , , , , ,	Mes 1989.10 Yuly 2 ,18/
	(Month) (Day) (Year)	that I lest sew h melive on Willy 2 1921,
7 A	If LESS than	and that death occurred on the data stated above, at
	l dayhrs.	The CAUSE OF DEATH * was as follows:
	yra. 9 mos. / ds. or min.?	
TX.	a) Trade, profession or	METASTALIE CAMELINALLIA
The A	b) General nature of industry	·
b	usiness, or establishment in	(Durstion) yrs mgs ds.
3	which employed or (employer)	Contributory area sug Keetaul
9 E	(State or country) Maryland	Secondery
	10 NAME OF	(Durstion) yrs mos de.
	FATHER John & Palmer	(Signed) OR STATE M. D.
S	11 BIRTHPLACE OF FATHER MA	Helly 2,190 (Adfress) This KA Helle IID
RENTS	(State or country) Maryland	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Hemicidal.
ARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	to LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
IT.	13 BIRTHPLACE	ients or Recent Residents) At place In the
	OF MOTHER (State or Country) Maryland,	of deathyrsmosds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
	m m n n P	Former or usual residence
	(Informant) Mrs. Mangella V. Valmer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Myersville, Md.	St John's Church Hill Quer 5, 1031
15	0 1. 2 3, 61 1. 20 .1	20 UNDERTAKER ADDRESS
	Filed Mily S 1901 Charles Cathles Registrar	Bittle Brothers, Myeroville, M.
=	If more branks are needed, address State Registrar	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer--Coal mine, etc. Worn-6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., whon a definite disease ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be etc. The

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 18242
1. PLACE OF DEATH	3
County 12 Cliffe	Registration Dist. No. 100
Village Mothy Worka,	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs, mos.	
2. FULL NAME Joys. Lower	- (Naudstehn
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT/FICATE OF DEATH
3. EX 4. COLON OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBYCERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) July 17 1931	I Mat saw h elive on 19 ; death is said
7. AGE Years Months Days If LESS than	thave occurred on the data sleled above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Itiu buch
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and spent in this	
10. Data deceased last worked et this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Hams welle	Other Coutributory Causes of importance:
(State or country)	dues,
13. NAME Let lace daysh.	
14. BIRTHPLACE (city or town) Abyouts town Md	Name of operation Date of Was there an autopsys 100
15. MAIDEN NAME CAMPETTE, M. Spincer,	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
2 (State or country).  17. INFORMANT (Address)  (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CO-Date 7/18 13/	Manner of injury
19. UNDERTAKER IN B Busdelle (Address) Faluels tour Int	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 1 8, 1931 Is Offendul Cur. Registrar.	(Signed) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I		Example II		
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Chronic interstitial nephritis	-08U V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BELL	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	DI AGE GI			Jr MAR	RYLAND-	CERTIFICATE	OF DEA	IH US	5240
1	. PLACE OF	DEATH	inla			740			
	County 7	reserve	un			the Gullivisian switching		Dist. No.	
	Village or Ci	ity 790	edes	rop		No. 474 Wife death occurred in a hospital or institu	Patrich	St.,	/ Wa
	Length of resid	dence In city o	r town where	death occurred	yrs/mo	s. 26 ds. How long in U.S. if	of foreign birth?	yrs	.mos
2	. FULL NAI	WE . Ma	anne	hame .	Parkent.				
	(a) Resident		e che	100	-6	St., / Ward.			
	(a) Resident	e. No. 7.	7	(Usual place	ce of abode)	St., ward.	If nonresident s	give city or town a	nd State
	PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. S		4. COLOR C	R RACE	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH	0		
5	emale	Whi	te.	WZ.	ED (write the word)		(Month)	CONT.	, 193 / (Year)
	tf married, widow	ed, or divorca				0		(bay)	
	(or) WIFE of	Dan	201, 9	To Thon	beats.	22. I HEREB	YCERTIFY	Y. That I ettende	d deceased f
	6						0	7	/, 19
6. D	ATE OF BIRTH					I last saw h	July 019	1 4	; deeth is :
7. A	GE Yeer	S	Months	Days	If LESS than	to have occurred on the data state. The PRINCIPAL CAUSE OF DEA		Tits	
_		17	3	26	ormin.	wera as follows:	- A related cause	D A. I	Date of on
NO	8. Trade, profes kind of w SAWYER,	sion, or partic ork dona, as :	ular SPINNER,	Name		Theret all	sex for	body	
Ē	O Industry or b	uninean in wh	tak Q			angues 1	eller	2 ,	
CCUPATION	work was	done, as StLK L, BANK, etc	MILL,	in in	Paur				
8	10. Date decease	d last worked	at Jul	11. Totel	time (years)		• • • • • • • • • • • • • • • • • • • •		
	year)	ation (month :	193	7 sp	ent in this				
17	BIRTHPLACE (city	v or town)				Other Contributory Course of imp	ortance:		
1600	(State or coun		barry	land		-			
ER	13. NAME 2	ulu.	260	nken					
E	14. BIRTHPLACE	(city or town)		8		Name of operation		Dail of	
F	(Stata or		Mary	land		What test confirmed diagnosis?		Was there as	
2	15. MAIDEN NAM	ME MA		+ doing	0.00		was (MO) THOS. SII		
MOTHER	16 BURTURI AGE					23. If death was due to externel ca	ases (AIOF FACE) IIII	in elso the followi	ng:
8	16. BIRTHPLACE (State er		Yan	land		Where did Injury occur?	on	ate of mjury	, 15
		1. 44.	- 68.	S. A.			(Specily city or t	own, county and Si	late)
17.	(Address)	ou ov	20-15	10kg 87	~	Specify whether injury occurred I	in INDUSTRY, In HOM	ME, OF IN PUBLIC F	LACE.
18.	BURIAL, CREMATI		OVAL			Mannar of injury	The Be	ute	
	Place Met	Olive	t loon	2. Date See	ly 8 1931	Nature of injury			
	R	redere	ch o	D 00 .	1				211
19.	(Address)			, rock	<b>C</b>	24. Was disease or Injury In any v	way related to occupa	tion of deceased?	1 - 6
	(Address)	0.	10	1 hms	Richer	If so, specify Refrance	au PB	MILLE	1,21
20.	FILED T- Ju	19	21 700	111100	rung	(Signa) Sulling	4 M Cot	oner.	7 - M
		1		1	Registfar.	(Address)	- f - france - of - o - of - o -	de s- A-Roy	n1.1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ano Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days man contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stee Bowers

STATE OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred How long in U.S. if of foreign birth? statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21, DATE OF DEATH 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCEO (write the word) PERMANENT Month) (Year) classified 5a. If married, widowad, or divorced HUSBANO of 22. HEREB That I attended deceased from (or) WIFE of E 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years If LESS than Months Oavs stated The PRINCIPAL CAUSE OF DEATH and related causes of importance SI 53 or .... min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_ THIS **DCCUPATION** Jo back 9. Industry or business in which work was done, as SILK MILL, may should SAW MILL, BANK, etc ... UNFADING INK 10. Oate deceased last worked at no 11. Total time (years) this occupation (month and spant in this that occupation. instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) should be carefully What test confirmed diagnosis? Was there an autopsy?\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT TION is very (Address) 18. BURIAL, CREMATION, DR WRITE Manner of injury CAUSE mation Nature of Injury 19. UNDERTAKER (Address) If so, specify 20. FILEO Tul (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
5			

PHYSICKANS should state OCCUPA-Stated EXACTLY. PHYSICMAND A PERMANENT RECORD. certificate. WITH UNFADING INK-THIS IS AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 08245

1. PLACE OF DEATH		92.0	and the same of th
County & rederick	**************************************	Registration Dist. No. 13	5
Village Dr City Essentian  Length of residence In city or town where death		NoSt., death occurred in a hospital or institution, give its NAME instead of street and itds. How long in U.S. if of foreign birth?	
2. FULL NAME Maranda	Com Sk	enley	
(a) Residence: Np.	a	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		21. DATE OF DEATH (Month)	, 193 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jawson A Suepley		22. I HEREBY CERTIEY. That I attended	decaased from
6. DATE OF BIRTH (month, day, and year)	-1,1852	Hast saw half alive on July 1, 19 3)	; death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to bave occurred on the date stated above, at	
18 6	O or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at 11. Total time (years)		Ou balandar Near	
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Direct	
12. BIRTHPLACE (city or town) (State or country)	nd	Dther Contributory Causes of Importance:	-
13. NAME Samuel 4	ms		
13. NAME dannel 70	4	Name of operation Date of	
(State or country) YM are	Varial	What test confirmed diagnosis? Was there and	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, 08 REMOVAL  Place Country  19. Description  Place Country  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, 08 REMOVAL  Place Country  19. Description  1		23. If death was due to external causes (VIOL ENCE) fill in also the following	
		Accident, sulcide, or homicide?	
		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
		Manner of Injury	
19. UNDERTAKER C.T. M. Saladull		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED July 2., 1931 - Charle	Leatherma Registrar.	(Signed) Middleton	ns

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gustroenteritis	1 year
		1 - 1	

/	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERT!FICATE OF DEATH
		Registration Dist. No. 13)
Vill	2 FULL NAME Jacob Smith	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	A COLOR OR RACE SEINGLE, MARRIED. Widowse Widowse OB DIVORCES (Write the word)  Tel. 1846  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Year)  17  I HEREBY CERTIFY, That I attended the decensed from 192 f. to July 10 , 193 f.  that I last saw here alive on July 10 , 192 f.
7 A		and that death occurred on the date stated above, at
O W	articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Duration)yrsmosd  Contributory Secondary
ENTS	10 NAME OF FATHER Methias Smith  11 BIRTHPLACE OF FATHER (State or country)  Md.	(Signed) M. I  July M. 192 (Address) Jordalow M. I  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER. (State or Country)  Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos de State yrs mos de Where was disease contracted,
14 7	(Informant) Mrs. Gro. At Bell	Where was disease contracted, if not at place of death?  Former or usual residence

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furnier fre or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenooid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, Physician, tion applies to each and every person, irrespective of to report specifically the occupations of household only (not paid Housekcepers who receive a Foremon, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Stationary firemon, etc. But in many For persons who have no occupation single word or term on not gainfully em-(b) persons en-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS. Typhoid fover (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> 60 approved by American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Lalginus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic valvulor heart disease; etc. The contributory Always qualify al

answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and a l questions

permanently filed

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMA ENT RECORD

V. S. No. 1

PLACE OF DEATH  County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City New Market (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 1931  (Kionth) (Day) (Year)
(Month) (Day) (Year)	that I last saw h 12 alive on July 17, 1921,
7 AGE aft. 64 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 7.30 f., m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Housekeefser	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs mos ds.
10 NAME OF FATHER Thomas Pleasures  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	(Signed). Duration) yrs mos ds.  (Signed). Eruck P, Roop M. D.  July 20 193/ (Address) Jew Market Moh
12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
O. S. Taras	Former or usual residence
(Address) Cow psville Mg	Bushy Park Cem, July 21. 1931.
Filed July 20 193/ Lucian 4. 4 alexan	4. E. Fishconer New Market
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in dome-tic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., Without more parameter. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on 18.16 At Home, and children, (b) Cotton mill; (a) Salesman, For persons (b) Automobile factory. The material who have no occupation not gainfully em-6) persons en-The ques-Grocery;

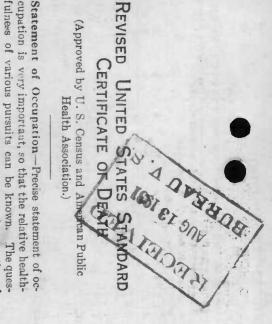
Streement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrost inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (Recommendations on su taken. FOR VIOLENT DEATHS State MEANS OF INJULY diseases tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, n Medical Association resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; statement of cause of death Example: Measles (disease on etc. The Nomenclature contributory Mousles ;

If this consucate it shocked ever thoroughly and all questions answered in Actail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permajentary field.

KS. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Frederick	CERTIFICATE OF DEATH
/	i handre de t	Registration Dist. No. /38
meare.	Village or City New Market, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jack of	Mal Black Single, MARRIED, WIDOWED, MOONING (Write the word)	16 DATE OF DEATH July 8 , 1923 /
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
0	dont Know, 1	
	(Month) (Day) (Year)	that I last saw halive on, 192,
	If LESS than I day hrs.	and that death occurred on the data stated above, at 8/30 m. The CAUSE OF DEATH * was as follows:
	about 65 yrs. inos. ds. or min.?	Tid nut be declaced before
	occupation (a) Trade, profession or	death, Examined body,
1	particular kind of work Lowborer	Pulmon ary tubumlouse
1	(b) General nature of industry business, or establishment in	
7	which employed or (employer) farm work	(Duration) yrs. mos ds.
	BIRTHPLACE (Nate or country)	Contributory Secondary
	10 NAME OF	(Duration) yrs. mos. ds.
	FATHER Philips Snowden	(Signed) M. D. Market M. D.
	01 1	*State the Discours Course Double with
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
- 11 -	OF MOTHER don't Know!	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
68	(State or country) don't Know.	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Reginald, Snowden Son,	Former or usual residence
	(Address) Mourouá Nd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	5 000 914. 0140	20 UNDERTAKER ADDRESS
	Filed Milys 190 Adeclara My Partonia Registras	WE Falconer. New Market,
	If more banks are needed, addre.a State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public

work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfired 6 yrs. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Day Jaborer, Parm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The inaterial may be indicated thus; Farmer (re-Locomotive engineer, 6 Grocery,

spinal meningitis"; Divhtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebroto time and eausation), using always the same accept-EATE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," (secondary Chronic interstitial nephritis, American Medical Assoc approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by (Recommendations on Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcona, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) thoroughly and all quantity be obtained before the certification. Committee v Chronic Example: Measles (disease ," "Coma," "Convulsions, The nature of the injury, valvular heart disease affection etc. The contributory need not be death

data is essentia answered in detail permanently fi If this certificate fre the certificate is and a l questions All the

V. B. No. 1

M	PHYSI-
WRITE PLALY ITH UNFADING INKTHIS IS A PERMA NT CORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	US249 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
La Sanatorin	Registration Dist. No. 139
Village or City Hall Sam (No. 10 um	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Marles	Souder stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while Single, married  Male While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  March 28, 1893  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  May 25 1923/. to 1922 2, 1923,  that I last saw h alive on 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
38 yrs. 3 mos. 24 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Outmonary Interculosis
(b) General nature of industry business, or establishment in	·
which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country) Maryland.	Contributory Class Monary 7 mos de.
10 NAME OF Jacob Souder	(Signed) A curant & Shaffer M. D.
OF FATHER Z (State or country)  Maryland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether
of Mother Joanna Murphe	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland.	At place of deathyrs mos 2 7ds. In the Lifetime de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) W.a. Gardiner (Address) State Sandlorum my	19 PLACE OF BURIAL OR REMOVAL  THE STATE OF BURIAL  THE STATE OF BURIAL  THE STATE OF BURIAL  THE STATE OF BURIAL
Filed July 22 1923   Registrar	20 UNDERTAKER COUSE Lawrel Mg
If more bianks are needed, eddresa State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it the first line will be sufficient, c. g., Farmer or Planter, lired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salcsman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, etc. woulden at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womsingle word or term on (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Debility'' ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion." "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Tranition," "Marasmus, Ulu 18e, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV

	County Fredericks Village of City Frederick	Registration Dist. No. 131
		f death occurred in a horpital or institution, give its NAME instead of street and number, ds. How long to U.S. if of foreign birth?
M-200	(a) Residence: No.3// Dell Ave (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wishowed	21. DATE OF DEATH LELLY 19 193/
5e.	If married, widowed, or divorced  HUSDAND OF  (or) WIFE of Joseph & Stalen	22. J. HEREBY CERTIFY. Thet attended dacease
e.	DATE OF BURTH (month, dey, and year) Acce 13 9848	Hest saw he aliva on July 19 1921; death
certificate.	AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, AZ TO ATM.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importence wera es follows:
NOI.	8. Treda, profession, or perticuler kind of work done, as SPINNER Cause Wife SAWYER, BOOKKEEPER, etc.	Metalresuffe Ciences
on back	9. Industry or business in which work was dona, es SILK MILL Ower Home SAW MILL, BANK, etc.	
	10. Dete deceased lest worked et this occupation (month end year)	
instructions	BIRTHPLACE (city or town) Froederick (Stets or country). Manufaced	Other Coutributory Causes of importence:
	13. NAME John Anglebarger.	Veuclery.
FAT	14. BIRTHPLACE (city or town) Proderect Loo	Neme of operation
~	(Stete or country) Manyland	Whet test confirmed diagnosis? Was there an autopsyl
important.	15. MAIDEN NAME Glesabeth Moarts  16. BIRTHPLACE (city or town) Frederick 460	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accidant, suicida, or homicide?
od w	(Stata er country) Maryland	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	(Address) 3// Oill Store	Manner of injury
200	Place Hot Olivet losm Dete Jely 21, 1931	Netura of injury
19.	UNDERTAKER Gromas J. Thice (Address) Froederick Med	24. Was disease or Injury In eny way releted to occupation of deceesed? 24.  If so, specify
	FILED 21-July 1931 Don Jon Clevely.	(Signed) ED Laouras

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	D AL BANK	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1961 10 0017	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis		3 lays ago
			SECEIVED	
Oti contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ir Edw F. Thomas.

Z	方言	2
WRITE FLATALI, WITH UNFADING INK I HIS IS A PERM	Every item of information should be carefully supplied. ACE should CIANS should state CAUSE CF DEATH in plain terms so that it may	statement of OCCUPATION is very important. See instructions on ba
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V. S. No. 1

N Z

	08251
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	(97) CERTIFICATE OF DEATH
D AA	Registration Dist. No. / 28
Village or City Oarly Own (No	St: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Whate Single, Married, Widowed Maried, (Write the word)	16 DATE OF DEATH July 18 , 198/
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last law h livealize on July 18 193/
7 AGE [If LESS than	and that death occurred on the date stated above, at 7, 05 Pm
byrs. 6 mos. 9 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Hypertession 7 7 (Durstion) yrs. gros ds
9 BIRTHPLACE (State or country)  Many and	Contributory Secondary
10 NAME OF Lawson J. Survey	(Signed) Mariles My M. D. M. D
OF FATHER  (State or country)  (12 MaIDEN NAME)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Janual En 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Many Land	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Fosler J. Summes	usual residence
(Address) Frederick Md,	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL
Filed July 20 198/ Jucian & Falconer Registras	20 UNDERTAKER KADDRESS WEstalcouser, New Market
If more blanks are needed, addre.s State Kegistrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on Farm laborer. Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Coal mine, etc. (b) Grocery,

Streement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

answered in detail, it will prevent further commondate. All that is essential and must be organized the certificate permanently fied. (Recommendations on statement of cause of death approved by Committee on Comenclature of the American Medical Associations telanus) may be stated under the held of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis affection need not be etc. The contributory valvular heart disease; Always qualify all

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certinate. CORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PI

X 8. No. 1

E E

PLACE OF DEATH  County Aredericla  Village or City Mourana (No.	08252 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 %  St.: Ward) (If death occurred in
2 FULL NAME Charles J. Turnbu	St.: Ward)  a hospital or institution, give its NAME It stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ahite Single, Midowed (Write the word)	16 DATE OF DEATH July 3 /, 193/ (Mooth) (Day) (Year)
6 DATE OF BIRTH  // - /5 -, 1862  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1926 to July 3/ ,198/  that I last saw h m aive on July 3() 193/
7 AGE    If LESS than   I day hrs.   I day hrs.   or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) Mail Carrier  9 BIRTHPLACE (State or country) Wary Land	(Duration) Vis. mos ds.  Contributory Secondary  (Duration) yis. mos ds.
FATHER Samuel Furnbull  II BIRTHPLACE OF FATHER  Z (State or country)	(Signed). Cruet To West M. D. July 31, 1921 (Address). Hew Market Md.  *State the fissuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of deathyrs
(Informant) Miss Rodha Turnbull	Where was disease contracted, if not at place of dea.h?
(Address) Marurovias Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Plew Market Md aug 2, 1931  20 UNDERTAKER ADDRESS
Filed July 3 193 Michael M. Falconin Registrar  If more blanks are needed, address tinte Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. us Al school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material For persons Laborer-Coal mine, etc. Womwho have no occupation not gainfully em-The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ..... (name origin; "Cancer" is less definite; avoid American Medical Association (Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature cough; " "Marasmus, "Heart failure," "Haemorrhage, Chronic valvular heart disease, " "Old Age, " "Shock, etc. The contributory Measles ;

If this certificate is tooked of thoughly and all questions answered in detail, if will prevent wither correspondence. All the data is essential and must the obtained before the certificate is permanently filed.

SCCUPATION

BINDING

MARGIN RESERVED

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No./3/ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_ (a) Residence: No. 3/5/A (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Dina la (Yeer) Se. If married, widowed, or divorced HUSBANO of 22. CERTIFTY. Thet I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Wonths Deys If LESS than stated ebove, at\_ 1 dey,\_\_\_\_hrs. or .... min. Oate of onset 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Totel time (yeers) this occupetion (month end spant in this occupation Other Contributory Causes of Importence (Stets er country)

12. BIRTHPLACE (city or town) FATHER 13. NAME 14. BIRTHPLACE (city or town

(Stete or country) 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town (Stete er country)

17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMOVAL

(Address) Registrar. Manner of injur Nature of injury

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Accident, suicide, or homicide?\_\_\_\_\_\_ Oete of injury\_\_\_\_\_\_ 19\_\_

(Specify city or town, county and State)

24. Was disease or Injury in eny wey related to occupation of deceased If so, specify

23. If deeth was due to external couses (VIOLENCE) fill in also the following:

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

What test confirmed diagnosis?\_

Where did injury occur?\_\_\_

OF

CAUSE mation

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19. UNOFRTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		TEST 9 SYN	
Ot contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

S. No. 1

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		08254
	PLACE OF DEATH	STATE OF MARYLAND
	County Tulleriel	CERTIFICATE OF DEATH
	SI AA	Registration Dist. No. 137
cate	Village or City Wally Cours.  2FULL NAME Quie Bell	St.: Ward)    Ward   (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ertif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEV A COLOR OF PACE   5 SINGLE, A	16 DATE OF DEATH
o k	MARRIED. WIDOWED.	7 - 14, 19
pac	(Write the word)	(Month) (Day) (Year)
5	B DATE OF BIRTH	I HEREBY CERTIFY, That pattended the deceased from
80	Ter 27, 1868	193/ to fully 14-, 193/
ction	(Month) (Day) (Year)	that I last saw har alive on 1907,
truo	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stayed above, atm, The CAUSE OF DEATH * was as follows:
138	63 yrs. 4 mos. / ds. or min.?	
998	(a) Trade, profession or Brownstress  particular kind of work	200
Y.	(b) General nature of industry	MyoBantus
an	business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
00	9 BIRTHPLACE A.	Contributory
E	(State or country)	Secondary (Duration) yrs mos ds,
ery	10 NAME OF 471 12/	ban n Boall
V 8	FATHER Welled Kouner	(Signed) M. D.
(0)	II BIRTHPLACE OF FATHER	July 10 131 (Address) Sebruylown Mg
0	Z (State or country) MA	Violent Causes, state (1) Means of Injury and (2) Whether Acquental, Suicidal or Homicidal.
ATI	of Mother Martle Der	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
כח	13 BIRTHPLACE	ients ( Recent Residents)
000	OF MOTHER (State or country)	of deat yrsds. Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
E	m. BC Gentill	Former or usual residence
me	(Informant) / W. J.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
tatem	(Address) Llbally lower	Rocky Rider July 16, 1931
00	15 V. C. 11 2/XQ	20 UN DERTAKER ADDITES
	Filed Mily 6 1923 / Culfulay Registrar	Powell tallaugh Letally low
	If more banks are needed, address thate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Never return "Laborer," "Forcman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, viu \*\*\*\* "Uraemia," "Weakness," etc., when a definite disease Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE (	DE DEATH	,	131	
County	niano	<b>A</b>	Registration Dist. No.	1.30
Village or		ron	ND. (If death occurred in a hospitator institution, give its NAME instead o	
2. FULL NA		death occurred yrs.  B, Ner  (Usual place of abode)	nosds. How long in U.S. N of foreign birth?yrs.  St., Ward.  If nonresident give city of	
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 / (Year)
5a. If married, wide HUSBAND of (er) WHEE of	owed, or divorced	- 2017 -	22. I HEREBY CERTIFY That	
	Jacan,	mornin	May 8 , 19,3/ 19 July	, 19.d
6. DATE OF BIRTH	(month, day, end year) رفيم	ec. 7-1861	1 lest saw h. 1.77) alive on	, 19 3./ ; deeth is
	ears Months	Days If LESS than		
	, 9	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of impo	Date of o
8. Trade, prof kind of SAWYE	ession, or particular work done, es SPINNER, R, BDOKKEEPER, etc.	Vinesta	Chrone Repartie	2
9. Industry or	business in which	1 101		
	as done, es SILK MILL,	formed the		
Q this occ	esed last worked at supation (month and	11. Totel time (years) spant in this		
yeer) _	12	occupetion	Other Cantributary Causes of Importance:	
12. BIRTHPLACE (	, , , , ,	g 60.		
		200		
Ξ (	Sch	Proces	7	
(State	E (cily or town)	Ca.	What test confirmed diagnosis? Using and you was	Date of
15. MAIDEN N	AMEaboai	I Bausch	23. If death was due to external causes (VIOL ENCE) fill in also the	
15. MAIDEN N	CE (city or town)	1016 Ca 0	Accident, suicide, or homicide?	
₹ (Stete	or country)	Va.	Where did injury occur?	
17. INFORMANT	me. June	3. Meren	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HDME, or in	nty and State) PUBLIC PLACE.
(Address)	Juscan	n ma.	•••••••••••••••••••••••••••••••••••••••	
18. BURIAL, CREMA	TTUN, OR REMOVAL	0 10 000	Manner of Injury	
Plece 72	16/	Date , 19	Nature of injury	7-
19. UNDERTAKER (Address)	Jude Trude	viex med	24. Wes diseese or injury in eny way related to occupation of de	ceased? //o
20, FILED Jul	8241931 1	Carle Dordan	(Signed) Samuell	Hope

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrochteritis	1 year

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Corebral hemorrhage RUREAU	July 5,1927	Peritonitis	3 days ago
			4.2
Other contributory causes of importance:		Other contributory causes of importance:	
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BINDING

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- BURGAU-Y	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor
		•	

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	- AUG 6 1931			
Other contributory causes	of importance:	8.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		du		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

In Branfie